

11-14-03

1652
\$

Please type a plus sign (+) inside this box →

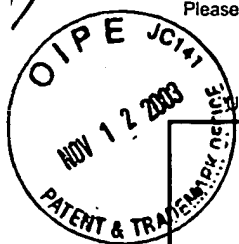


PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/046,924

Filing Date January 14, 2002

First Named Inventor S. Cases

Group Art Unit 1652

Examiner Name R. G. Huston

Attorney Docket Number UCAL-240CIP

RECEIVED

DEC 01 2003

TECH CENTER 1600/2900

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Documents
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
1) Return Postcard |
|---|---|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)

PAULA A. BORDEN, 42,344
BOZICEVIC, FIELD & FRANCIS LLP

Signature

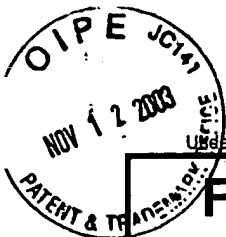
Date

November 12, 2003

EXPRESS MAIL LABEL NO. EV333998715US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004		Complete if Known		
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	10/046,924	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 14, 2002	
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	S. Cases	
(\$)		27.00	Examiner Name	R. G. Huston
METHOD OF PAYMENT (check all that apply)		Art Unit	1652	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		Attorney Docket No.	UCAL-240CIP	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field & Francis LLP		FEE CALCULATION (continued)		
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES		
FEE CALCULATION		Large Entity Small Entity		
1. BASIC FILING FEE		Fee Code Fee (\$)		
Large Entity Small Entity		Fee Code Fee (\$)		
Code (\$)		Code (\$)		
1001 770 2001 385 Utility filing fee		1051 130 2051 65 Surcharge - late filing fee or oath		
1002 340 2002 170 Design filing fee		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet		
1003 530 2003 265 Plant filing fee		1053 130 1053 130 Non-English specification		
1004 770 2004 385 Reissue filing fee		1812 2,520 1812 2,520 For filing a request for ex parte reexamination		
1005 160 2005 80 Provisional filing fee		1804 920* 1804 920* Requesting publication of SIR prior to Examination action		
SUBTOTAL (1)		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1251 110 2251 55 Extension for reply within first month		
Extra Claims Fee from below Fee Paid		1252 420 2252 210 Extension for reply within second month		
Total Claims 26 -23** = 3 x 9 = 27.00		1253 950 2253 475 Extension for reply within third month		
Indep. Claims 6 -6** = 0 x 43 =		1254 1,480 2254 740 Extension for reply within fourth month		
Multiple Dependent =		1255 2,010 2255 1,005 Extension for reply within fifth month		
Large Entity Small Entity		1401 330 2401 165 Notice of Appeal		
Fee Fee Fee Fee		1402 330 2402 165 Filing a brief in support of an appeal		
Code (\$)		Code (\$)		
1202 18 2202 9 Claims in excess of 20		1403 290 2403 145 Request for oral hearing		
1201 86 2201 43 Independent claims in excess of 3		1451 1,510 1451 1,510 Petition to institute a public use proceeding		
1203 290 2203 145 Multiple dependent claim, if not paid		1452 110 2452 55 Petition to revive - unavoidable		
1204 86 2204 43 ** Reissue independent claims over original patent		1453 1,330 2453 665 Petition to revive - unintentional		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1501 1,330 2501 665 Utility issue fee (or reissue)		
SUBTOTAL (2) \$ 27.00		1502 480 2502 240 Design issue fee		
**or number previously paid, if greater; For Reissues, see above.		1503 640 2503 320 Plant issue fee		
		1406 130 1460 130 Petitions to the Commissioner		
		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)		
		1806 180 1806 180 Submission of Information Disclosure Stmt		
		8021 40 8021 40 Recording each patent assignment per property (times number of properties)		
		1809 770 2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))		
		1810 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b))		
		1801 770 2801 385 Request for Continued Examination (RCE)		
		1802 900 1802 900 Request for expedited examination of a design application		
		Other fee (specify) _____		
		*Reduced by Basic Filing Fee Paid		
		SUBTOTAL (3) (\$)		

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Paula A. Borden	Registration No. (Attorney/Agent)	42,344
Signature		Telephone	(650) 833-7710
		Date	11/12/2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.